

2005 NEVADA FINANCIAL DISCLOSURE STATEMENT  
(Attach additional sheets if necessary.)

1389  
FILE  
JAN 31 2005

NAME James Jay Wnright  
MAILING ADDRESS HC 32 Box 180  
CITY, STATE, ZIP Tuscarora, NV 89834  
TELEPHONE 725-256-6562

DEAN HELLER  
SECRETARY OF STATE  
LENGTH OF RESIDENCE IN NEVADA 45 years  
LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE 45 years  
NRS 281.571(1)(a)

List all public offices for which this financial disclosure statement is required [NRS 281.571, Subsection 1(g)]:

Public Office	Annual Compensation	Term or Date Appointed	ANNUAL all elected and appointed public officers (no later than Jan. 15 each year) NRS 281.559(1)(b) 281.561(1)(b)	CANDIDATE (no later than the 10 <sup>th</sup> day after the last day to qualify as a candidate) NRS 281.561(1)(a)	APPOINTMENT to fill unexpired term of an elected or appointed public officer (within 30 days) NRS 281.559(1)(a)
<u>Supervisor, Dwyhee Cons. Dist.</u>	<u>\$ none</u>	<u>11/15/04</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List all general sources of income for you and members of your household over 18 years of age [NRS 281.571, Subsection 1(b)]:

	Self	Household Member
<u>James J. Wright Ranch Inc.</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Elko Dental Associates</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

List each creditor to whom you or a member of your household owes \$5,000 or more [except (1) debt secured by mortgage or deed of trust on real property which is not required to be listed below, and (2) debt for which a security interest in a motor vehicle for personal use was retained by seller] [NRS 281.571, Subsection 1(d)]:

	Self	Household Member
<u>None</u>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

List each business entity (i.e., organization or enterprise operated for economic gain, including a proprietorship, partnership, firm, business, trust joint venture, syndicate, corporation or association) with which you or a member of your household is involved as a trustee, beneficiary of a trust, director, officer, owner in whole or in part, limited or general partner, or holder of a class of stock or security representing 1% or more of the total outstanding stock or securities issued by the business entity [NRS 281.571, Subsection 1(f)]:

	Self	Household Member
<u>James J. Wright Ranch Inc.</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

List specific location and particular use of all real estate (other than personal residence): (1) in which you or a member of your household has a legal or beneficial interest; (2) the fair market value of which is \$2,500 or more; and (3) located in this state or an adjacent state [NRS 281.571, Subsection 1(c)]:

Specific Location	Particular Use
<u>Tuscarora, NV</u>	<u>Ranching</u>
_____	_____
_____	_____
_____	_____

List the identity of donor and value of each gift received in excess of an aggregate value of \$200 from a donor during the preceding taxable year [except (1) a gift received from a person who is related to you within the third degree of consanguinity or affinity; and (2) ceremonial gifts received for a birthday, wedding, anniversary, holiday or other ceremonial occasion if the donor does not have a substantial interest in your legislative, administrative, or political action] [NRS 281.571, Subsection 1(e)]:

Donor	Value of Gift
<u>None</u>	\$ <u>None</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND COMPLETE.

Date: 1/27/05 Signature: James Jay Wright

STATE OF NEVADA  
COMMISSION ON ETHICS

3476 Executive Pointe Way, Suite 16  
Carson City, Nevada 89706-7946  
(775) 687-5469 • FAX (775) 687-1279

**Acknowledgment of Ethical Standards for Public Officers**

(Required by NRS 281.552)

I hereby acknowledge that I have read and understand the statutory ethical standards for public officers and public employees provided in NRS Chapter 281. I acknowledge that I have (check all that apply):

☒ reviewed the provisions of NRS Chapter 281 on-line from the Commission's website  
<http://ethics.state.nv.us>

☐ reviewed the provisions of NRS Chapter 281 by requesting a copy thereof from the Commission office.

*I understand that I am required to file this acknowledgment with the Nevada Commission on Ethics or the Secretary of State pursuant to NRS 281.561, and that refusal to execute and file this acknowledgment constitutes nonfeasance in office and is a ground for removal pursuant to NRS 283.440.*

1/27/05  
Date

James Jay Wright  
Signature

775-756-6562  
Telephone Number

James Jay Wright  
Printed Name

Fax Number

HC32 Box 180 Tuscarora, NV 89834  
Mailing Address

Jwright@rtc.net  
E-mail Address

Supervisor Owyhee Conservation District  
Office or Position

*If you are required to file a financial disclosure statement pursuant to NRS 281.561, this form must accompany the first statement of financial disclosure you file once you are elected to public office. If you are an appointed public officer who will be entitled to receive less than \$6,000 per*